

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 05/22/2015
FORM APPROVED
OMB NO. 0938-0097

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495368	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 MAIN BUILDING 01 B. WING	DATE STATE COMPLETED 05/05/2015
NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER		STREET ADDRESS CITY STATE ZIP+4 8800 VIRGINIA STREET AMELIA, VA 23002	
DAY OF PROG- RAM	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
K 000- INITIAL COMMENTS	K 000		
	<p>Description of structure: One Story with a construction type of type V(000)</p> <p>Sprinkler status: Fully sprinklered in accordance with NFPA-13</p> <p>An unannounced Recertification Life Safety Code survey was conducted 5/6/15 in accordance with 42 Code of Federal Regulation Part 483 Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2000 Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire)</p>		
K 018 NPA 101 LIFE SAFETY CODE STANDARD SS-0	<p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/2 inch solid-banded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.2.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations at all health care facilities</p>	K 018	<p>1. Doors 107, 112, and 217 adjusted by Maintenance Director to close and latch properly with no excessive force. 05/26/15</p> <p>2. 100% inspection of all doors by Maintenance Director and Staff to ensure they all are properly latching without excessive force. 05/27/15</p> <p>3. Administrator in-serviced maintenance department on the importance of all doors properly latching without excessive force to prevent smoke from passing 05/26/15</p>

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Virginia M. Sneed

Administrator

6/2/15

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	DATA PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495358	EXISTING MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		ON-SITE SURVEY COMPLETED 05/05/2015
NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA, VA 23002		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ORIGINALLY GRADED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETION DATE
K 018	Continued From page 1	K 018	4. Weekly Maintenance Department will check all doors to make sure there is no impediment to the closing of the doors and they all latch positively without excessive force. This report will be turned into Administrator weekly.	05/29/15
	<p>This Standard is not met as evidenced by: Based upon observations at least 80% of the corridor doors there are doors found that did not have positive latching or requires excessive force to latch the doors that could allow smoke to pass through the doors. This could effect about 15% of the occupants</p> <p>Findings include</p> <p>It is observed around 4:55 pm on 5/5/15 that the corridor door to room 107 required excessive force to close and latch the door.</p> <p>It is observed between 4:55 pm and 5:00 pm on 5/5/15 that the corridor door to room 112 did not latch when closing the door.</p> <p>It is observed around 5:20 pm on 5/5/15 that the corridor door to room 217 latching when closing the door.</p>			
K 035 85-E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct</p>	K 035	<p>1 a. Smoke barrier wall penetrations on south wing near the clean linen storage room sealed with a listed design and product by maintenance.</p> <p>b. Smoke barrier wall penetrations above smoke barrier doors near south wing by whirlpools were sealed by listed design and product by maintenance.</p>	<p>05/29/15</p> <p>05/29/15</p>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DATE PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495358	CCLIA IDENTIFICATION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		DATE OF SURVEY COMPLETED 05/05/2015
NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER			STREET ADDRESS (or CITY, STATE ZIP CODE) 8030 VIRGINIA STREET AMELIA, VA 23002		
DATE OF DEFICIENCY TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL STANDARD OR LSC IDENTIFYING INFORMATION)		DATE OF DEFICIENCY TAG	PROVIDER'S PLAN OF CORRECTION G. EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY.	DATE OF COMPLETION TAG
K 025	Continued From page 2 penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems 19 3 7 3, 19 3 7 5, 19 1 6 3, 19 1 5 4 This Standard is not met as evidenced by Based upon observations the fire rated smoke barrier walls have penetrations, joints and openings that are not fire stopped and could allow smoke to pass from one side of the smoke barrier to the other side. This could affect 75% of the occupants. Findings include: It is observed between 2:50 pm and 3:50 pm on 5/5/15 that there are penetrations in the smoke barrier wall above the smoke barrier doors, to or south wing and near the clean linen storage room that are not fire stopped with a listed design and product. It is observed between 4:40 pm and 5:12 pm on 5/5/15 that there are penetrations in the smoke barrier wall above the smoke barrier doors near south wing by whirlpools and in smoke barrier wall north by dining room that are not fire stopped with a listed design and product.		K 025	c. Smoke barrier wall penetrations on North that are near the dining room were sealed with a listed design and product by maintenance. 2. Maintenance Department performed 100% check of all smoke barrier walls to check for any other penetrations that are not properly sealed with a listed design and product. 3. In-service by Eagle Fire, Mark Lane, regarding importance of having all penetrations of fire rated smoke barrier walls properly fire stopped with a listed design and product. 4. Weekly report to Administrator will include inspections of all smoke barrier walls to ensure all penetrations are sealed properly with listed design and product.	05/29/15 05/29/15 05/28/15 05/29/15
K 027	NFPA 101 LIFE SAFETY CODE STANDARD 5540 Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1 1/2-inch thick solid bonded wood core non-rated protective doors that do not exceed 48 inches from the bottom of the door are permitted		K 027	1. Overhead doors came and put a Astragal on Smoke Barrier doors on North wing by whirlpool. 2. 100% check of all fire doors to ensure proper latching and that they have proper hardware by Overhead doors and Maintenance.	05/22/15 05/22/15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495358		X2) MULTIPLE CONSTRUCTION a. BUILDING 01 - MAIN BUILDING 01 b. WING _____		X3) DATE SURVEY COMPLETED 05/05/2015	
NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA, VA 23002			
(X4) IF PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		ICC COMPLETION DATE
K 051	Continued From page 6 extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19 3 4, 9 6 This Standard is not met as evidenced by Based upon observations of the the fire alarm system that there are areas where the smoke detectors are not installed according to the manufacturer's installation instructions and by NFPA 72 Findings include During review of documentation between 1:30 PM and 2:30 PM on 5/5/15, it is noted that there was a new fire alarm panel that replaced the old panel. There is no building permit issued by the authority having jurisdiction and approval from the building inspections department that the panel meets the requirements of NFPA 72.			K 051	2a. 100% Inspection of all smoke detectors to make sure they are secured according to the manufactures installation instructions, supported to the structure and attached to an outlet box by Eagle Fire project manager, Rich Heining. 3a. In-service for all maintenance staff regarding proper installation of all smoke detectors. In-service by Eagle Fire project manager, Rick Helning, during installation of new smoke detectors. 4a. Quarterly during QA meetings beginning 07/1/15 Maintenance Director will report to QA that he has checked all smoke detectors for proper installation. (QA check sheet for Maintenance) 1b. Building permit for new Fire panel obtained from Amelia County Building Inspector. Amelia County Building inspector Richard Jones, to meet with CSI project manager for new fire panel inspection for proper installation and give certificate of completion. 2b. In the future any replacement/changes to the building structure Administrator will call Amelia County building Inspector to be certain a permit is needed or not needed. If so Administrator will make sure one is obtained. 3b. Administrator was In-serviced by Amelia Building Inspector, Richard Jones regarding importance of getting building permits and what constitutes the need for one. 4b. Administrator will report to Quality Assurance Committee during quarterly meetings any building permits that were obtained during the previous quarter and any upcoming changes that might require one.		07/03/15 07/03/15 07/01/15 05/27/15 07/03/15 05/27/15 05/29/15 07/1/15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495358	(X2) OUTLINE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2015
NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER		STREET ADDRESS (or STATE ZIP CODE) 8930 VIRGINIA STREET AMELIA, VA 23002		
CLIA ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETED DATE
K 051	Continued From page 7 It is observed between 2:50 pm and 3:30 pm on 5/5/15 that there are smoke detectors that are not supported from the structure and are not attached to an outlet box. The smoke detectors are affixed to the ceiling tile with toggle bolts near clean linen room, laundry room, clean linen storage, and at various locations in the existing building.	K 051		
K 062 SS+E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.5, 4.6.12 NFPA 13, NFPA 25, 9.7.5 This Standard is not met as evidenced by Based upon observations of the sprinkler system is not being maintained. Findings include It is observed around 2:35 pm on 5/5/15 that there is electrical cable that is lying on sprinkler pipe above the ceiling in corridor near business office. It is observed between 3:50 pm and 4:18 pm on 5/5/15 that there is a dirty sprinkler head in the kitchen above the reach in cooler. It is observed between 4:18 pm and 4:29 pm on 5/5/15 that there are no signs on or near the doors to rooms noting that there are sprinkler valves located inside the room. It is observed around 4:55 pm on 5/5/15 that there is electrical cable that is tied to sprinkler pipe.	K 062	1a. O'neals Electrical and Maintenance Director moved electrical cable that is lying on sprinkler pipe above the ceiling in corridor near business office and attached it properly. 1b. Sprinkler head in the kitchen above the reach in cooler will be replaced by Eagle Fire-proposal approved 05/27/15. 1c. Signage posted on doors noting there are sprinkler valves located inside the room. 1d. O'neals Electrical and Maintenance director untied electrical cable from sprinkler pipe above the ceiling near the north dining room and attached properly. 1e. Maintenance Director untied electrical cable that is tied to sprinkler pipe hanger in above the ceiling in the corridor near room 117 and removed it as it served no purpose. 2a.d.e Inspection of entire sprinkler system by Eagle Fire (proposal signed 06/1/15) to inspect and test to ensure nothing is tied to sprinkler pipes or hangers. 2b. Eagle fire replacing 4 sprinkler heads in kitchen area one of them being the one over the reach in cooler. 2c. 100% inspection of all doors to address need for signage to note what is in the room and place signage where needed. 3. In-service by Eagle Fire for all maintenance regarding requirement K062 NFPA 101 Life Safety code. Importance of automatic sprinkler system being continuously maintained in reliable operating condition and need for inspection and testing periodically to look for problems like K062 (a) through (e). Taking special note that nothing is lying on	06/03/15 07/03/15 05/29/15 06/5/2015 06/05/2015 07/03/15 07/03/15 06/05/15 06/10/15

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Continence of K062

4. Quarterly Inspections of sprinkler system by Eagle Fire to include checking for signage and looking in ceilings for any irregularities with sprinkler heads. 07/15/15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		XII. PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495358		XIII. MULTIPLE CERTIFICATION A. BUILDING 01 - MAIN BUILDING 01 B. WING		DATE OF THIS REPORT COMPLETION 05/05/2015	
NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA, VA, 23002			
IX. ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL IDENTIFICATION OR LSC IDENTIFYING INFORMATION)			X. PRE-EX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE CORRECTED DATE
K 147	Continued From page 10			K 147	<p>1b. Electrical cable is now supported properly in the ceiling in activity room by maintenance director and O'neal Electrical.</p> <p>1c. Missing screw was screwed into light fixture that was attached to outlet box by one screw in small storage room in the laundry room by Maintenance Director.</p> <p>1d. Main breaker in generator was labeled noting what the breaker served and location of panel that it serves by O'neals Electrical.</p> <p>1e. Placed signage on all electrical room doors noting that the rooms are electrical rooms by maintenance.</p> <p>2. 100% inspection of the facility by O'neals Electrical and Maintenance Department to ensure all electrical wiring and equipment is in accordance with NFPA70, National Electrical code 9.1.2</p> <p>3. In-service for Maintenance Department by O'neal Electrical who will discuss and demonstrate Electrical Wiring and equipment according to National Electrical Code 9.1.2 with special emphasis on findings of K147 on our 2567.</p> <p>4. Maintenance to do weekly inspections throughout facility to assure there are no wiring or electrical problems and if so address them. See weekly report.</p>		<p>06/05/15</p> <p>06/05/15</p> <p>05/29/15</p> <p>05/26/15</p> <p>07/03/15</p> <p>07/03/15</p> <p>06/05/15</p>
<p>This Standard is not met as evidenced by: Based upon observations the electrical systems and equipment is not being maintained.</p> <p>Findings include:</p> <p>It is observed around 2:35 pm on 5/5/15 that there is an open junction box above the ceiling and there is electrical cable that is not supported from the building structure in corridor near business office.</p> <p>It is observed around 2:53 pm on 5/5/15 that there is electrical cable that is not supported from the building structure above the ceiling in activity room.</p> <p>It is observed around 3:30 pm on 5/5/15 that there is a light fixture that is attached to outlet box by one screw in small storage room in laundry room.</p> <p>It is observed around 4:18 pm on 5/5/15 that the main breaker in generator is not labeled noting what the breaker serves and the location of panel that it serves.</p> <p>It is observed between 4:18 pm and 4:28 pm on 5/5/15 that there are no signs on or near the doors to rooms noting that the room is an electrical room.</p>							

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